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6	Facsimile: (415) 703-5408 Attorneys for Complainant						
7	The state of the s						
8	BEFORE THE						
9	PHYSICAL THERAPY BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA						
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12	In the Matter of the Amended Accusation Against:	CASE NO. 1D 2003 63698 1D 2004 63946					
13	ARTHUR WILLIAM MATTMILLER, PT	AMENDED ACCUSATION					
14	43 Ironship Plaza San Francisco, CA 94411						
15	License No. PT 6447						
16	Respondent						
17							
18							
19	The Complainant alleges:						
20	<u>PARTIES</u>						
21	1. Complainant, Steven K. Hartzell, is the Executive Officer of the Physical Therapy						
22	Board of California (hereinafter the "Board") and brings this amended accusation solely in his						
23	official capacity.						
24	2. On or about July 27, 1973, the Board issued Physical Therapy License No. PT 6447 to						
25	Arthur William Mattmiller, PT ("respondent"). The license expires on May 31, 2007 unless						
26	renewed. Respondent has no prior history of disciplinary action against his license.						
27	<u>JURISDICTION</u>						
28	3. This amended accusation is brought before the	Board under the authority of the					

following sections of the California Business and Professions Code (hereinafter "Code"):

A. Section 118 (b) of the Code provides, in relevant part, that the suspension, expiration, or forfeiture by operation of law of a license issued by a board in the department, or its suspension, forfeiture, or cancellation by the order of the board or by order of a court of law or its surrender without the written consent of the board, shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.

B. Section 2608.5 of the Code provides:

Each member of the board, or any physical therapist appointed by the board, may inspect, or require reports from, a general or specialized hospital or any other facility providing physical therapy care, treatment or services and the physical therapy staff thereof, with respect to the physical therapy care, treatment, services, or facilities provided therein, and may inspect physical therapy patient records with respect to the care, treatment, services, or facilities. The authority to make inspections and to require reports as provided by this section shall not be delegated by a member of the board to any person other than a physical therapist and shall be subject to the restrictions against disclosure described in Section 2263.

C. Section 2630 of the Code provides:

It is unlawful for any person or persons to practice, or offer to practice, physical therapy in this state for compensation received or expected, or to hold himself or herself out as a physical therapist, unless at the time of so doing the person holds a valid, unexpired, and unrevoked license issued under this chapter. Nothing in this section shall restrict the activities authorized by their licenses on the part of any persons licensed under this code or any initiative act, or the activities authorized to be performed pursuant to Article 4.5 (commencing with section 2655) or Chapter 7.7 (commencing with section 3500). A physical therapist licensed pursuant to this chapter may utilize the services of one aide engaged in patient-related tasks to assist the physical therapist in his or her practice of physical therapy. "Patient-related task" means a physical

- D. Section 2620.7 of the Code provides:
- (a) A physical therapist shall document his or her evaluation, goals, treatment plan, and summary of treatment in the patient record.
- (b) A physical therapist shall document the care actually provided to a patient in the patient record.
 - (c) A physical therapist shall sign the patient record legibly.
- (d) Patient records shall be maintained for a period of no less than seven years following the discharge of the patient, except that the records of unemancipated minors shall be maintained at least one year after the minor has reached the age of 18 years, and not in any case less than seven years.

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E. Section 726 of the Code provides:

The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any person licensed under this division, under any initiative act referred to in this division and under Chapter 17 (commencing with section 9000) of Division 3.

F. Section 2660.1 of the Code provides:

A patient, client, or customer of a licentiate under this chapter is conclusively presumed to be incapable of giving free, full, and informed consent to any sexual activity which is a violation of 726.

- G. Section 2660 of the Code provides, in pertinent part, that the Board may suspend, revoke or impose probationary conditions upon any license for unprofessional conduct that includes, *but is not limited to*, one or any combination of the following causes:
 - (h) Gross negligence in his or her practice as a physical therapist or physical therapy assistant.
 - (i) Violating or attempting to violate directly or indirectly, ... any provision or term of this chapter or of the *State Medical Practice Act.* (Emphasis added)
 - (j) The aiding or abetting of any person to violate this chapter or any regulations duly adopted under this chapter.
 - (k) The aiding or abetting of any person to engage in the unlawful practice of physical therapy.
 - (1) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, or duties of a physical therapist.
 - (n) The commission of verbal abuse or sexual harassment.
- H. Title 16, Section 1398.11 of the California Code of Regulations (hereinafter "CCR") provides:

Pursuant to Section 680 of the Code, each supervising licensed physical therapist shall require all physical therapy aides, applicants, students and interns performing patient related tasks under his or her supervision to display while working his or her name and working title on

a name tag in at least 18-point type.

I. Title 16, Section 1399 of the CCR provides:

A physical therapy aide is an unlicensed person who assists a physical therapist and may be utilized by a physical therapist in his or her practice by performing nonpatient related tasks, or by performing patient related tasks.

- (a) As used in these regulations:
- (1) A "patient related task" means a physical therapy service rendered directly to the patient by an aide, excluding nonpatient related tasks as defined below.
- (2) A "nonpatient related task" means a task related to observation of the patient, transport of patients, physical support only during gait or transfer training, housekeeping duties, clerical duties and similar functions.
 - (b) "Under the orders, direction and immediate supervision" means:
- (1) Prior to the initiation of care, the physical therapist shall evaluate every patient prior to the performance of any patient related tasks by the aide. The evaluation shall be documented in the patient's record.
- (2) The physical therapist shall formulate and record in the patient's record a treatment program based upon the evaluation and any other information available to the physical therapist, and shall determine those patient related tasks which may be assigned to an aide. The patient's record shall reflect those patient related tasks that were rendered by the aide, including the signature of the aide who performed those tasks.
- (3) The physical therapist shall assign only those patient related tasks that can be safely and effectively performed by the aide. The supervising physical therapist shall be responsible at all times for the conduct of the aide while he or she is on duty.
- (4) The physical therapist shall provide continuous and immediate supervision of the aide. The physical therapist shall be in the same facility as and

in immediate proximity to the location where the aide is performing patient related tasks, and shall be readily available at all times to provide advice or instruction to the aide. When patient related tasks are provided to a patient by an aide the supervising physical therapist shall at some point during the treatment day provide direct service to the patient as treatment for the patient's condition or to further evaluate and monitor the patient's progress, and so document in the patient's record.

- (5) The physical therapist shall perform periodic re-evaluation of the patient as necessary and make adjustments in the patient's treatment program. The re-evaluation shall be documented in the patient's record.
- (6) The supervising physical therapist shall countersign with their first initial and last name, and date all entries in the patient's record, on the same day as patient related tasks were provided by the aide.

COSTS

4. Section 2661.5 of the Code provides, in part, that the Board may request the administrative law judge to direct any licensee found to have committed unprofessional conduct to pay the Board a sum not to exceed the actual and reasonable costs of the investigation and prosecution of the case.

FIRST CAUSE FOR DISCIPLINARY ACTION

_(Sexual Misconduct and/or Sexual Harassment and/or Unprofessional Conduct and/or Gross Negligence)

5. On or about November 4, 2003, respondent undertook to treat patient, L.L.¹ who suffered from an IT Band injury and required physical therapy. During this visit, L.L.changed into jogging shorts and respondent performed physical therapy exercises on her leg. During this visit, a physical therapy aide, "Leonard" began to do some exercises with L.L. while respondent was working with other patients. "Leonard" gave L.L. a stretch band and exercise diagrams and

1. Initials are used to protect the patient's right to privacy. The identity of the patient will be disclosed to respondent pursuant to any request for discovery.

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27 28 respondent suggested that L.L. buy new running shoes. L.L. did not receive diathermy treatment during this visit. L.L. made another appointment for November 6, 2003.

- 6. On or about November 6, 2003, L.L. returned to respondent's office for physical therapy. She was greeted by "Leonard" who gave her a medical gown to put on because she had forgotten to bring her running shorts. After putting on the gown, L.L. was told to go to a room where there were therapy tables and was told to lie down on one of the tables. There was a male patient on one of the other therapy tables, however, the two tables were separated by a medical folding screen. Respondent asked L.L. to lie on her left side with her back side facing him. Respondent moved close to her hip and moved his hand under her gown to her hip and began rubbing her hip area. L.L. was wearing G-string underwear and there was no clothing between respondent's hand and her skin while he rubbed her hip and leg. At some point during this massage, respondent sat on the table and placed L.L.'s legs on his lap, and continued to rub her hip and leg while she was lying on her side facing the opposite wall. Respondent did not tell L.L. what he was doing and he did not say anything. When respondent was finished massaging her hip and leg, he jumped off the table, smacked her on her buttocks, then patted her head and told her he would send "Len" in to do some heat work. L.L. felt very uncomfortable with respondents's actions.
- 7. After respondent left the room, "Leonard" came in and used a heat machine (diathermy) on her hip. After the diathermy treatment, L.L. got dressed to leave the office. "Leonard" told her to continue with her exercises. As she was leaving, respondent, who was sitting behind a desk, looked up at her, smiled and said "Thank you for letting me have my way with you". L.L. was very upset and did not return to respondent for any further treatment.
- 8. Respondent's conduct while treating L.L. and as set forth in paragraphs 6 through 8, inclusive, constitutes unprofessional conduct under section 2660 of the Code, and/or sexual misconduct under section 726 of the Code and/or sexual harassment under section 2660 (n) of the Code and/or gross negligence under section 2660(h) of the Code. Therefore, cause for discipline exists.

SECOND CAUSE FOR DISCIPLINARY ACTION

(Patient L.L)

(Gross Negligence and/or Unprofessional Conduct and/or Dishonest and Corrupt Acts, and

- 9. The allegations of paragraphs 5 through 7, inclusive, are incorporated herein as if fully set forth.
- 10. During the time that respondent treated L.L., his license was expired. In fact, respondent treated patients with an expired license from May of 2003 until January of 2004 in violation of section 2630 of the Code (unlawful practice of physical therapy) and/or section 2660(i) (violating or attempting to violate any term of this chapter or regulation duly adopted under this chapter). Respondent's conduct constitutes the unlawful practice of physical therapy, and/or unprofessional conduct. Therefore, cause for discipline exists.
- 11. On or about January 27, 2003, pursuant to section 2608.5 of the Code, a board appointed physical therapist, D.E., conducted an onsite inspection of respondent's physical therapy practice. During the interview with the Board investigator and D.E., respondent stated that he was the only person who treated L.L. during her physical therapy visits. In fact, however, "Leonard", an aide provided some physical therapy treatments to L.L. on both visits. Respondent's fraudulent statement to the Board investigator and evaluator constitutes the commission of dishonest and/or corrupt and/or fraudulent acts, and/or unprofessional conduct under section 2660(l) and/or section 2660 of the Code. Therefore, cause for discipline exists.
- 12. During L.L.'s visits on the November 4, 2003 and November 6, 2003, respondent failed to properly supervise his physical therapy aide, "Leonard," in the documentation and performance of treatments for L.L. and in so doing violated section 2620.7 of the Code (failure to maintain adequate patient record) and/or section 2660 (j) (aiding and abetting his physical therapy aide to violate this chapter and regulations under the chapter) and/or section 2660(k) (aiding and abetting any person to engage in the unlawful practice of physical therapy) and/or section 1399(b)(2) of Title 16 of the CCR (the patient's record shall reflect those patient related tasks that were rendered by the aide, including the signature of the aide who performed those tasks) and/or section 2660(h) (gross negligence) in that in L.L.'s record there is no notation that

patient related tasks, exercises, and diathermy treatment were rendered by "Leonard" a physical therapy aide employed by respondent. Therefore, cause for discipline exists.

THIRD CAUSE FOR DISCIPLINE

(Patient A)

(Violating Chapter or Regulations, and/or Aiding and Abetting the Practice of Physical Therapy and/or Aiding or Abetting Another Person to Violate the Chapter or Regulations, and/or Gross Negligence and/or Unprofessional Conduct)

- 13. On or about January 27, 2004, pursuant to section 2608.5 of the Code, a board appointed physical therapist, D.E., conducted an onsite inspection of respondent's physical therapy practice. During that visit, D.E. observed an aide "Marion" massaging patient A. This massage by the aide is not reflected in this patient's chart for January 27, 2004 as required under section 2620.7 of the Code and Title 16, Section 1399(b) of the CCR. In addition, this patient's chart contains no referral or other documentation to establish a medical diagnosis and the evaluation is mostly illegible in violation of section 2620.7 of the Code. In addition, D.E. observed that neither "Marion", an aide, nor "Leonard", an aide, nor respondent were wearing appropriate name tags present on their person in violation of Title 16, section 1398.11 of the CCR.
- 14. With respect to each of the above referenced violations alleged in paragraph 13 above, whether proven individually or jointly, cause for discipline exists pursuant to section 2660(i) (violating or attempting to violate any term of this chapter or regulation) and/or 2660(j) aiding and abetting of any person to violate this chapter or any regulations duly adopted under this chapter) and/or section 2660(l) (gross negligence). Therefore, cause for discipline exists.

FOURTH CAUSE FOR DISCIPLINE

Patient B

(Violating Chapter or Regulations, and/or Aiding and Abetting the Practice of Physical Therapy and/or Aiding or Abetting Another Person to Violate the Chapter or Regulations, and/or Unprofessional Conduct)

15. On or about January 27, 2003, pursuant to section 2608.5 of the Code, a board appointed physical therapist, D.E., conducted an onsite inspection of respondent's physical therapy practice. During this visit, D.E. observed "Leonard" supervising exercises with Patient

B., however, there is no documentation of "Leonard's" involvement with this patient in Patient B's chart in violation of section 2620.7 of the Code (failure to maintain adequate patient record) and/or section 2660 (j) (aiding and abetting a physical therapy aide to violate this chapter and regulations duly adopted under the chapter) and/or section 1399(b)(2) of Title 16 of the CCR (the patient's record shall reflect those patient related tasks that were rendered by the aide, including the signature of the aide who performed those tasks) and/or section 2660(i) (violating or attempting to violate any term of this chapter or regulation and/or unprofessional conduct). Therefore, cause for discipline exists.

16. D.E. observed that this patient's chart contains no referral or other documentation to establish a medical diagnosis and the evaluation is mostly illegible in violation of section 2620.7 of the Code. Respondent's conduct and/or omissions as alleged above constitute cause for discipline pursuant to section 2660(i) of the Code (violating or attempting to violate any term of this chapter or regulation and/or unprofessional conduct).

FIFTH CAUSE FOR DISCIPLINE

(Patient C)

(Violating Chapter or Regulations, and/or Aiding and Abetting the Practice of Physical Therapy and/or Aiding or Abetting Another Person to Violate the Chapter or Regulations and/or Unprofessional Conduct)

- 17. On or about January 27, 2004, pursuant to section 2608.5 of the Code, a board appointed physical therapist, D.E., conducted an onsite inspection of respondent's physical therapy practice. During that visit, he observed two different handwriting styles in patient C's chart but only one signature. D.E. also noted that the evaluation performed on January 14, 2004 was illegible and substandard in that no objective measurements to establish baselines for the patient's status are found, there is no referral or other documentation to establish a medical diagnosis, and no discharge summary is present.
- 18. Whether proven singularly or jointly, respondent's conduct and/or omissions alleged above constitute violations of section 2620.7 of the Code (failure to maintain adequate patient record) and/or section 2660 (j) (aiding and abetting a physical therapy aide to violate this chapter and regulations duly adopted under the chapter) and/or section 1399(b)(2) of Title 16 of the CCR

1 (the patient's record shall reflect those patient related tasks that were rendered by the aide, 2 including the signature of the aide who performed those tasks) and/or section 2660(i) (violating 3 or attempting to violate any term of this chapter or regulation and/or unprofessional conduct). 4 Therefore, cause for discipline exists. 5 SIXTH CAUSE FOR DISCIPLINE 6 (Patient D) 7 (Violating Chapter or Regulations, and/or Aiding and Abetting the Practice of Physical Therapy and/or Aiding or Abetting Another Person to Violate the 8 Chapter or Regulations and/or Unprofessional Conduct) 9 19. On or about January 27, 2003, pursuant to section 2608.5 of the Code, a board 10 appointed physical therapist, D.E., conducted an onsite inspection of respondent's physical 11 therapy practice. During that visit, he observed two different handwriting styles in patient D's 12 chart but only one signature. Respondent was advised at that time of the regulations requiring 13 entries and signature by all parties providing care to the patients. When D.E. reviewed patient 14 D's chart provided to him in June of 2004, he noted that on February 3, 2004, patient D's chart 15 once again contained two different handwriting styles but only one signature. Patient D's chart 16 was mostly illegible, the medical diagnosis/referral was missing, and no discharge summary was 17 found. 18 20. Respondent's conduct and/or omissions as alleged above, whether proven singularly 19 or jointly, constitute violations of section 2620.7 of the Code (failure to maintain adequate 20 patient record) and/or section 2660(j) (aiding and abetting a physical therapy aide to violate this 21 chapter and regulations duly adopted under the chapter) and/or section 1399(b)(2) of Title 16 of 22 the CCR (the patient's record shall reflect those patient related tasks that were rendered by the 23 aide, including the signature of the aide who performed those tasks) and/or section 2660(i) 24 (violating or attempting to violate any term of this chapter or regulation and/or unprofessional 25 conduct). Therefore, cause for discipline exists. 26 27 28

(Patient A-1)

(Violating Chapter or Regulations, and/or Aiding and Abetting the Practice of Physical Therapy and/or Aiding or Abetting Another Person to Violate the Chapter or Regulations, and/or Gross Negligence and/or Unprofessional Conduct)

- 21. On or about July 20, 2004, the Board received a complaint from the State Compensation Insurance Fund that respondent, as the supervising physical therapist, was allowing two individuals, O.D., and G. L., to work under the status of a physical therapist license applicant (PTLA) when these individuals were not approved by the Board to working under this status.
- 22. On or about March 9, 2005, pursuant to section 2608.5 of the Code, a board appointed physical therapist, D.E. conducted an onsite inspection of respondent's physical therapy practice. During the time period covered in the records reviewed by D.E., respondent was the only physical therapist in the facility licensed to practice physical therapy. At no time during the periods stated herein were individuals, B.G., G.L., L.L., or O.D., as listed on the treatment records reviewed by D.E., licensed as a physical therapist and they did not have physical therapist license applicant status. B.G., G.L., L.L. and O.D. could only work as a physical therapy aide under respondent's supervision pursuant to Title 16, section 1399 of the CCR.
- 23. During the March 2005 review, it was noted that in patient A-1's chart, on June 21, 2004, O.D. and G.L. are listed as physical therapists on the top of the letter head which also bears the name of respondent. On that same document, G.L. and O.D. are also listed as having PTLA status when in fact neither was authorized to perform as a PTLA.
- 24. On July 26, 2004, O.D. prescribed exercises for patient A-1 as a PTLA when in fact he was not authorized to function as a physical therapist or a PTLA.
- 25. With respect to the care and treatment patient A-1, there is no evidence of involvement by respondent in the care of this patient other than by co-signature.
 - 26. Respondent's conduct and/or omissions as alleged above, whether proven singularly

or jointly, constitute violations of section 2620.7 of the Code (failure to maintain adequate patient record) and/or section 2660(j) (aiding and abetting a physical therapy aide to violate this chapter and regulations duly adopted under the chapter) and/or section 1399(b)(2) of Title 16 of the CCR (the patient's record shall reflect those patient related tasks that were rendered by the aide, including the signature of the aide who performed those tasks) and/or section 2660(i) (violating or attempting to violate any term of this chapter or regulation) and/or section 2660(h) (gross negligence) and/or unprofessional conduct. Therefore, cause for discipline exists.

EIGHTH CAUSE FOR DISCIPLINARY ACTION

(Patient D-1)

(Violating Chapter or Regulations, and/or Aiding and Abetting the Practice of Physical Therapy and/or Aiding or Abetting Another Person to Violate the Chapter or Regulations, and/or Gross Negligence and/or Unprofessional Conduct)

- 27. The allegations of paragraphs 21 and 22 are incorporated herein as if fully set forth.
- 28. During the March 2005 review of patient D-1's chart, D.E. noted that on the November 10, 2004 report, it is signed by O.D. as a physical therapist and there is no cosignature by respondent. On the November 8, 2004, visit, it is signed by L.L. as a Physical Therapist Foreign Trained (PTFT) with no co-signature by respondent. On October 27, 2004, care is documented by B.G. acting as a (PTFT) with an illegible co-signature identified by respondent as being his. On November 3 and November 5, 2004, care is provided by O.D. as a PTFT with an illegible co-signature identified as respondent as being his. In all of these notes, there is no evidence that respondent provided any care to these clients.
- 29. Whether proven singularly or jointly, respondent's conduct and/or omissions alleged above constitute violations of section 2620.7 of the Code (failure to maintain adequate patient record) and/or section 2660 (j) (aiding and abetting a physical therapy aide to violate this chapter and regulations duly adopted under the chapter) and/or section 1399(b)(2) of Title 16 of the CCR (the patient's record shall reflect those patient related tasks that were rendered by the aide, including the signature of the aide who performed those tasks) and/or section 2660(i) (violating or attempting to violate any term of this chapter or regulation) and/or section 2660 (h) (gross

NINTH CAUSE FOR DISCIPLINARY ACTION

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(Patient E-1)

(Violating Chapter or Regulations, and/or Aiding and Abetting the Practice of Physical Therapy and/or Aiding or Abetting Another Person to Violate the Chapter or Regulations, and/or Gross Negligence and/or Dishonest Acts and/or Unprofessional Conduct)

- 30. The allegations of paragraphs 21 and 22 are incorporated herein as if fully set forth.
- 31. During the March 2005 review of patient E-1's chart, D.E. noted a discharge report that was signed by B.G. as a PTFT. At the time of the on site review in March of 2005, there was no co-signature noted. However, when the records were subsequently produced to the investigator by respondent in April of 2005 and reviewed by D.E., the discharge report contained respondent's co-signature and that of another identifiable individual.
- 32. During the March 2005 review, D.E. noted a new patient evaluation that was signed by O.D., PTLA (the letterhead on the report indicated, O.D. "P.T."). No co-signature or other involvement by a physical therapist was indicated when D.E. first reviewed this record. When the records were subsequently produced to the investigator by respondent in April of 2005 and reviewed by D.E., the new patient evaluation contained a co-signature by respondent.
- 33. Whether proven singularly or jointly, respondent's conduct and/or omissions alleged above constitute violations of section 2620.7 of the Code (failure to maintain adequate patient record) and/or section 2660 (j) (aiding and abetting a physical therapy aide to violate this chapter and regulations duly adopted under the chapter) and/or section 1399(b)(2) of Title 16 of the CCR (the patient's record shall reflect those patient related tasks that were rendered by the aide, including the signature of the aide who performed those tasks) and/or section 2660(i) (violating or attempting to violate any term of this chapter or regulation) and/or section 2660(l), altering patient records (a dishonest and corrupt act) and/or section 2660(h) (gross negligence) and/or unprofessional conduct. Therefore, cause for discipline exists.

TENTH	CAUSE	FOR	DISCIPL	JNARY	ACTION

(Patient F-1)

(Violating Chapter or Regulations, and/or Aiding and Abetting the Practice of Physical Therapy and/or Aiding or Abetting Another Person to Violate the Chapter or Regulations, and/or Gross Negligence, and/or Unprofessional Conduct)

- 34. The allegations of paragraphs 21 and 22 are incorporated herein as if fully set forth.
- 35. During the March 2005 interview, D.E. noted that the discharge report for patient F-1 was signed by O.D. as a "PT". B.G. completed and signed notes as a PTFT on October 20, 2004 and October 25, 2004. On October 04, 2004, October 6, 2004, and September 27, 2004, the notes are completed and signed by G.L. as a PTFT. On October 18, 2004, a visit note is completed by L.L. as a PTFT. There is no evidence of involvement by respondent in the care of this client other than by a co-signature.
- 36. Whether proven singularly or jointly, respondent's conduct and/or omissions alleged above constitute violations of section 2620.7 of the Code (failure to maintain adequate patient record) and/or section 2660 (j) (aiding and abetting a physical therapy aide to violate this chapter and regulations duly adopted under the chapter) and/or section 1399(b)(2) of Title 16 of the CCR (the patient's record shall reflect those patient related tasks that were rendered by the aide, including the signature of the aide who performed those tasks) and/or section 2660(i) (violating or attempting to violate any term of this chapter or regulation) and/or section 2660(h) (gross negligence) and/or unprofessional conduct. Therefore, cause for discipline exists.

ELEVENTH CAUSE FOR DISCIPLINARY ACTION

(Patient H-1)

(Violating Chapter or Regulations, and/or Aiding and Abetting the Practice of Physical Therapy and/or Aiding or Abetting Another Person to Violate the Chapter or Regulations, and/or Gross Negligence, and/or Unprofessional Conduct)

- 37. The allegations of paragraphs 21 and 22 are incorporated herein as if fully set forth.
- 38. During the March 2005 review, D.E. noted that for patient H-1, the initial evaluation of October 15, 2004 (two pages), contained no signatures. Subsequently, when respondent

produced this record to the investigator in April of 2005 and it was reviewed by D.E., the October 15, 2004 evaluation contained the signature of respondent.

- 39. On patient H-1visit notes of November 1, 2004, November 3, 2004, November 5, 2004, November 8, 2004 and November 10, 2004, L.L. signed these notes as a PTFT. They are co-signed by respondent.
- 40. Other than a co-signature, there is no evidence that respondent was involved in the care of this client.
- 41. Whether proven singularly or jointly, respondent's conduct and/or omissions alleged above constitute violations of section 2620.7 of the Code (failure to maintain adequate patient record) and/or section 2660 (j) (aiding and abetting a physical therapy aide to violate this chapter and regulations duly adopted under the chapter) and/or section 1399(b)(2) of Title 16 of the CCR (the patient's record shall reflect those patient related tasks that were rendered by the aide, including the signature of the aide who performed those tasks) and/or section 2660(i) (violating or attempting to violate any term of this chapter or regulation) and/or section 2660(l), altering patient records (a dishonest and corrupt act) and/or section 2660(h) (gross negligence) and/or unprofessional conduct. Therefore, cause for discipline exists.

TWELFTH CAUSE FOR DISCIPLINARY ACTION

(Patient I-1)

(Violating Chapter or Regulations, and/or Aiding and Abetting the Practice of Physical Therapy and/or Aiding or Abetting Another Person to Violate the Chapter or Regulations, and/or Gross Negligence, Dishonest and Corrupt Acts, and/or Unprofessional Conduct)

- 42. The allegations of paragraphs 21 and 22 are incorporated herein as if fully set forth.
- 43. On March 2005, D.E. reviewed the chart of patient I-1. During this review, D.E. noted that the April 28, 2004 discharge report was substandard in that it contained no objective data regarding the patients' condition and it had no signatures. An evaluation dated March 8, 2004 contained no signatures. An April 14, 2004 progress report contained no signatures. A written evaluation signed by O.D. as a PTLA had no co-signature. A note by L.L. as a PT aide manager had no co-signature. A visit and note dated May 5, 2004 and signed by O.D. as a PTLA

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44. Subsequent to the March 2005 review, respondent produced patient I-1's records to the investigator and these records were then reviewed by D.E. in April of 2005. During the April review, D.E. noted that respondent had altered the records previously reviewed and that the signature and/or co-signature of respondent now appeared on all documents. D.E. noted that there is no evidence of involvement by respondent in the care of this client other than by a co-signature.

45. Whether proven singularly or jointly, respondent's conduct and/or omissions alleged above constitute violations of section 2620.7 of the Code (failure to maintain adequate patient record) and/or section 2660 (j) (aiding and abetting a physical therapy aide to violate this chapter and regulations duly adopted under the chapter) and/or section 1399(b)(2) of Title 16 of the CCR (the patient's record shall reflect those patient related tasks that were rendered by the aide, including the signature of the aide who performed those tasks) and/or section 2660(i) (violating or attempting to violate any term of this chapter or regulation) and/or section 2660(l), altering patient records (a dishonest and corrupt act) and/or section 2660(h) (gross negligence) and/or unprofessional conduct. Therefore, cause for discipline exists.

PRAYER

WHEREFORE, the complaint request that a hearing be held on the matters herein alleged, and that following the hearing the Board issue aD.E.cision:

- 1. Revoking or suspending License Number PT 6477 issued to respondent Arthur William Mattmiller:
- 2. Ordering respondent to pay the Board the reasonable costs of the investigation and enforcement of this case;
- 3. Ordering respondent to pay any and all costs associated with probation monitoring should respondent be placed on probation; and,

1	4. Taking such other and further action as the Board deems necessary and proper.				
2	DATED: July 13, 2005				
3	Original Signed By: STEVEN K. HARTZELL				
4	STEVEN K. HARTZELL Executive Officer Physical Therapy Board of California				
5	Physical Therapy Board of California				
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